

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

First Presbyterian Church
Fenton, Michigan

GENERAL INFORMATION (please print)

Child's Name _____ Date of Birth _____
Father's Name _____ Mother's Name _____
Child's Address _____
Home Phone No. _____ Parent's Cell No. _____
Family Doctor _____ Phone No. _____
Family Insurance _____ Policy No. _____

CONSENT AND CERTIFICATION

I, _____, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my child in all of the regularly-scheduled activities of the youth group of First Presbyterian Church, Fenton, Michigan. These activities include: lock-ins, retreats, conferences, amusement parks, field trips, campouts, swimming, boating, hiking, sporting events, concerts, and any other activities customarily associated with a church youth group. Further, I certify that my child is physically fit to participate in such events, including swimming (except as noted below).

My youth MAY NOT be released to the following individuals: _____

MEDICAL QUESTIONNAIRE

* Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes _____ No _____ (If yes, please explain) _____

Dosage _____ Medication administered during youth events must be clearly marked with dosage and frequency, and will be held and administered by the designated adult leader.

* Does your child require a special diet? Yes _____ No _____ (If yes, please explain) _____

* Does your child have (or has had) any of the following? (Please circle and explain)

Seizure disorder	Asthma	Heart Murmur	Sleep Disorder
Diabetes	Hay Fever	Kidney disease	Other

* Does your child have any allergies, including medications? Yes _____ No _____
(If yes, please explain) _____

* Does your child ever sleep walk? Yes _____ No _____

* Can your child swim? Yes _____ No _____

* Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity? Yes _____ No _____ (If yes, please explain) _____

MEDICAL AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the Church in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

(Signature of Parent/Guardian)

(Date)

PHOTO AUTHORIZATION

May we use image(s) of your child in our **publicity material**, including **printed publications, videos, website, and news media releases**? Yes _____ No _____

(Signature of Parent/Guardian)

(Date)

BEHAVIOR GUIDELINES AND CONSENT

The Church strives to provide healthy activities for personal and spiritual growth, and expects that youth and adults alike will engage in appropriate behavior. Below are guidelines that are followed to deter or minimize risky behavior. Please read this over with your youth and initial by each statement.

_____ 1. Adults (including staff) and youth should not be alone (one youth & one adult) in any private room or secluded location. The "2 to 1" plan is always practiced: 2 youth and 1 adult or 1 youth and 2 adults.

_____ 2. For camping and lock-ins, genders are separated during sleep, and each gender has their own bathroom which is clearly marked.

_____ 3. There is absolutely no camera technology allowed in the dressing areas. Should an offense occur, the camera (including phones) will be taken for the duration of the activity and returned when done.

_____ 4. The use of drugs, alcohol, smoking, or vaping by youth or adults is not tolerated at Church events. Should an offense occur, the youth will be sent home from the event at the parent's expense. Further, should this behavior be reported or observed, you understand that your child's belongings will be searched by 2 adults of the same gender as your youth, and another youth as a witness. Adult participant violations will be handled according to the Safe Sanctuary policy.

_____ 5. There is no privacy intrusion of personal belongings unless the health & safety of youth is at risk.

_____ 6. Sexual activity is prohibited and is cause for being sent home at parent's expense.

_____ 7. In the event your youth needs to be sent home, you understand and agree that no participation fees will be refunded.

_____ 8. You acknowledge that you have read these statements and have reviewed them with your youth.

YOUTH DRIVER AUTHORIZATION

My youth has a valid MI driver's license and will drive him/herself to and from youth group events from time to time. I understand that my youth cannot drive other members for youth events unless given written permission from parents of all youth involved.

(Signature of Parent/Guardian)

(Date)